

Amendments to the Claims:

This listing of the claims will replace all prior versions and listings of claims in the application:

1. (Currently amended) A method of providing benefits to an employee comprising:

identifying at least one price for each of receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different line items within a associated with the benefit category to the employee on a user interface accessible through a computer network, wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and

providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the

purchase selections made by the employee offering said line items for purchase by said employee.

2. (Currently amended) A method according to claim 1, wherein at least one of the different line items displayed on the interface includes said method further comprising: providing a predefined employer contribution to said employee for purchase of said at least one of said line items.

3. (Currently amended) A method according to claim 1, wherein said plurality of benefit categories category comprises insurance benefits.

4. (Original) A method according to claim 3, wherein said insurance benefits comprise health insurance benefits.

5. (Original) A method according to claim 4, wherein said plurality of line items comprises line items selected from the group consisting of: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services.

6. (Currently amended) A method according to claim 1, wherein said benefit costs to the employee for purchasing the coverage under the benefit category prices are established based on prior cost data.

7. (Currently amended) A method according to claim 1, wherein said benefit costs to the employee for purchasing the coverage under the benefit category ~~prices~~ are established based on actuarial data.

8. (Original) A method according to claim 1, said method further comprising: identifying a plurality of options for purchase by said employee within said line items.

9. (Original) A method according to claim 8, wherein said options comprise cost sharing options.

10. (Original) A method according to claim 8, wherein said options comprise place of service options.

11. (Original) A method according to claim 8, wherein said options comprise benefit provider network options.

12. (Original) A method according to claim 8, said method further comprising: identifying a plurality of sub-options for purchase by said employee within said options.

13. (Cancelled)

14. (Currently amended) A method according to claim 1 ~~13~~, wherein said computer network is a local area network.

15. (Currently amended) A method according to claim 1 43, wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network.

16. (Currently amended) A method according to claim 1 43, said method further comprising: identifying factors on said user interface for said employee to consider in connection with the purchase of one or more of said line items.

17. (Currently amended) A method according to claim 1 43, said method further comprising: querying said employee through said user interface for personal information related to said employee; and explaining the need for said personal information on said user interface.

18. (Currently amended) A method according to claim 1, said method further comprising: storing creating data representing each said line item purchased by said employee; and transmitting said data to a benefit claims processing vendor configured to automatically build a benefit profile for said employee based on said data.

19. (Original) A method according to claim 18, wherein said claims processing vendor is configured to confirm eligibility for payment of benefit claims based on said benefit profile.

20. (Original) A method according to claim 1, said method further comprising: creating data comprising personal information related to said employee and representing each said line item purchased by said employee; and transmitting said data to a customer service vendor configured to automatically build a customer benefit summary for said employee based on said data.

21. (Currently amended) A method of providing healthcare to an employee individual comprising:

identifying a price for at least one receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different healthcare line items item for said individual associated with the benefit category to the employee on a user interface accessible through a computer network, wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and

providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee offering said at least one line item for purchase by said individual.

22. (Currently amended) A method according to claim 21, , wherein at least one of the different line items displayed on the interface includes said method further comprising: providing a predefined contribution to said individual employee for purchase of at least one of said line items.

23. (Currently amended) A method according to claim 22, wherein said individual is an employee and said predefined contribution is provided by said employee's employer.

24. (Original) A method according to claim 21, wherein said plurality of line items comprises line items selected from the group consisting of: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services.

25. (Currently amended) A method according to claim 21, wherein said benefit cost to the employee for purchasing the coverage under the benefit category price is established based on prior cost data.

26. (Currently amended) A method according to claim 21, wherein said benefit costs to the employee for purchasing the coverage under the benefit category price is established based on actuarial data.

27. (Currently amended) A method according to claim 21, said method further comprising: identifying a plurality of options for purchase by said individual employee within said line items.

28. (Original) A method according to claim 27, wherein said options comprise cost sharing options.

29. (Original) A method according to claim 27, wherein said options comprise place of service options.

30. (Original) A method according to claim 27, wherein said options comprise benefit provider network options.

31. (Currently amended) A method according to claim 27, said method further comprising: identifying a plurality of sub-options for purchase by said individual employee within said options.

32. (Cancelled)

33. (Currently amended) A method according to claim 21 32, wherein said computer network is a local area network.

34. (Currently amended) A method according to claim 21 32, wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network.

35. (Currently amended) A method according to claim 21 32, said method further comprising: identifying factors on said user interface for said individual employee to consider in connection with the purchase of one or more of said line items.

36. (Currently amended) A method according to claim 21 32, said method further comprising: querying said individual employee through said user interface for personal information related to said individual employee; and explaining the need for said personal information on said user interface.

37. (Currently amended) A method according to claim 21, said method further comprising: storing ~~creating~~ data representing each said line item purchased by said individual employee; and transmitting said data to a benefit claims processing vendor configured to automatically build a benefit profile for said individual employee based on said data.

38. (Original) A method according to claim 37, wherein said claims processing vendor is configured to confirm eligibility for payment of benefit claims based on said benefit profile.

39. (Currently amended) A method according to claim 21, said method further comprising: creating data comprising personal information related to said individual employee and representing each said line item purchased by said individual employee; and transmitting said data to a customer service vendor configured to automatically build a customer benefit summary for said individual employee based on said data.

40. (Currently amended) A method of establishing a health care benefits offering to an employee group comprising: establishing a healthcare cost for said group; and establishing ~~a line item cost for each of a plurality of~~ different health care line items based on said healthcare cost;

said method further comprising:

receiving an insurance coverage package selection from an employee in the group, wherein the insurance coverage package corresponds to a benefit type and

automatically includes coverage under a plurality of benefit categories associated with the benefit type;

for each of the plurality of benefit categories automatically included in the package, simultaneously displaying the plurality of different line items to the employee on a user interface accessible through a computer network, wherein each of the different line items displayed on the interface is associated with the benefit category and includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and

providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee.

41. (Original) A method according to claim 40, wherein said plurality of line items comprises line items selected from the group consisting of: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services.

42. (Previously presented) A method according to claim 40, wherein said healthcare cost is established based on prior cost data.

43. (Previously presented) A method according to claim 40, wherein said healthcare cost is established based on actuarial data.

44. (Original) A method according to claim 40, said method further comprising: establishing a plurality of options within at least one of said line items.

45. (Original) A method according to claim 44, wherein said options comprise cost sharing options.

46. (Original) A method according to claim 44, wherein said options comprise place of service options.

47. (Original) A method according to claim 44, wherein said options comprise benefit provider network options.

48. (Original) A method according to claim 44, said method further comprising: establishing a plurality of sub-options within at least one of said options.

49. (Cancelled)

50. (Currently amended) A method according to claim 40 49, wherein said computer network is a local area network.

51. (Currently amended) A method according to claim 40 49, wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network.

52.-69. (Cancelled)

70. (Currently amended) A system for providing benefits to an employee comprising: at least one database ~~comprising data representing at least one price for each of a plurality of line items within a benefit category~~; at least one processor for accessing said database; and a user-interface accessible through a computer network for accessing said processor to allow purchase of at least one of said line items by said employee;

wherein the at least one processor receives an insurance coverage package selection from the employee via the user-interface, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

wherein for each of the plurality of benefit categories automatically included in the package, the user-interface simultaneously displays a plurality of different line items associated with the benefit category to the employee, wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter stored in the

at least one database and corresponding to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a corresponding benefit cost to the employee for purchasing the coverage under the benefit category, said corresponding benefit cost being stored in the at least one database; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

wherein for each of the plurality of benefit categories automatically included in the package, the at least one processor receives via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category; and

wherein the at least one processor is used for providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee.

71. (Currently amended) A system according to claim 70, wherein said at least one database further comprises data representing a predefined employer contribution to said employee for purchase of at least one of said line items.

72. (Currently amended) A system according to claim 70, wherein at least one of said benefit category categories comprises insurance benefits.

73. (Original) A system according to claim 72, wherein said insurance benefits comprise health insurance benefits.

74. (Original) A system according to claim 73, wherein said plurality of line items comprises line items selected from the group consisting of: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care, and behavioral health care services.

75. (Original) A system according to claim 70, wherein said database further comprises data representing a plurality of options for purchase by said employee within said line items.

76. (Original) A system according to claim 75, wherein said options comprise cost sharing options.

77. (Original) A system according to claim 75, wherein said options comprise place of service options.

78. (Original) A system according to claim 75, wherein said options comprise benefit provider network options.

79. (Currently amended) A system according to claim 75, wherein said at least one database further comprises data representing a plurality of sub-options for purchase by said employee within said options.

80. (Cancelled)

81. (Currently amended) A system according to claim 70 ~~80~~, wherein said computer network is a local area network.

82. (Currently amended) A system according to claim 70 ~~80~~, wherein said computer network is a global computer network and wherein said user interface is provided at a web site on said network.

83.-105. (Cancelled)

106. (Currently amended) A method of providing benefits to an employee comprising:

identifying at least one price for each of receiving an insurance coverage package selection from the employee, wherein the insurance coverage package corresponds to a benefit type and automatically includes coverage under a plurality of benefit categories associated with the benefit type;

for each of the plurality of benefit categories automatically included in the package, simultaneously displaying a plurality of different health insurance line items associated with the benefit category to the employee on offering said line items for purchase by said employee through a user interface accessible through a computer network; wherein each of the different line items displayed on the interface includes (i) an out-of-pocket cost parameter that corresponds to out-of-pocket costs paid by the employee for use of coverage provided under the benefit category and (ii) a

corresponding benefit cost to the employee for purchasing the coverage under the benefit category; and wherein the benefit cost presented to the employee for at least one of the different line items associated with the benefit category is non-zero;

identifying a predefined employer contribution to said employee on said user interface for purchase of at least one of said line items;

for each of the plurality of benefit categories automatically included in the package, receiving via the user interface a purchase selection from the employee corresponding to one of the plurality of different line items associated with the benefit category;

storing creating data representing each said line item purchased by said employee; and

transmitting said data to a benefit claims processing vendor configured to build a benefit profile for said employee based on said data; and

providing the insurance coverage package corresponding to the benefit type and including the plurality of benefit categories to the employee in accordance with the purchase selections made by the employee.

107. (Previously presented) A method according to claim 106, wherein said health insurance line items comprises line items selected from the group consisting of: preventative care, physician care, hospital care, emergency care, pharmacy care, alternative care, vision care and behavioral health care services.